IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor:

David Wiebe et al.

Application Number: Filing Date:

(Filed herewith)
November 21, 2003

Title:

REFRIGERATION MONITOR

Attorney Docket No.:

1115-016/JRD

Examiner: Art Unit:

APPOINTMENT OF ASSOCIATE POWER OF ATTORNEY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-2450

As the principal attorney of record in the above-referenced application, I hereby appoint the following attorney to act as an associate attorney of record pursuant to 37 CFR § 1.34(b).

Robert Barrigar Reg. No. 26,125

Please maintain the correspondence address as customer number 21034, namely:

John R. Dawson
Ipsolon, LLP.
805 SW Broadway #2740
Portland, Oregon 97205
Phone (503) 419-0702
Fax (503) 249-7068

E-Mail: john@ipsolon.com

Respectfully Submitted,

Dated: November 21, 2003

John R. Dawson

Registration No. 39,504

Please type a plus sign	(+) inside this box	\rightarrow	4

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

1115-016/JRD

Wiebe

Nov 21, 2003

COMPLETE IF KNOWN

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

Application Number

Filing Date

	[7] Deplemention [7]	Doole	-4:	·g		_ 					
	Submitted OR	Declaration Submitted after Initial Filing (surcharge		Group Art Unit							
	with Initial Filing		R 1.16 (e))	Examiner Nan	ne						
	and the same of			The second secon			···				
	As a below named inventor, I hereby declare that:										
	My residence, mailing address, and citizenship are as stated below next to my name.										
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
	Refrigeration Monitor			-			·				
	(Title of the Invention)										
	the specification of which			•							
	is attached hereto OR as United States Application Number or PCT International										
	was filed on (MM/DD/YYYY) (if applicable).										
	Application Number and was amended on (MM/DD/YYYY)										
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.											
	I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	internatio also ide	onal application v entified below, b	vhich designated at le v checking the box.	east one country any foreign appl	other than the l ication for pate	United States of Int or inventors				
	Prior Foreign Application Number(s)	Country		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified C YES	opy Attached? NO				
	CA				0000	0000	0000				
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:											
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
	Application Number(s)	Filing Date	(MM/DD/YYYY)	Addition	nal provisional s	application					
60/428,327			Nov 22, 20	002	Additional provisional application numbers are listed on a supplemental priority data sheet						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

are believed to be true; and further that these statements were made with the knowledge that willful false statements any jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Inventor's Signature Victoria, B.C. Residence: City Mailing Address City Victoria, B.C. State Victoria, B.C. State ZIP V8X 2Y4 Country CA CA CA CA CA CA CA CA CA C				2103	34	OR 🗌 (Correspondence address below					
Address City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and beliare believed to be true; and further that these statements were made with the knowledge that willful false statements and the like smade are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor. Given Name (first and middle [if any]) David Family Name willful false statements may jeopardize the validity of the application or any patent issued thereon. Family Name Wiebe Inventor's Signature Date Residence: City Victoria, B.C. State Country CA Cittizenship CA Chamiling Address City Victoria, B.C. State ZIP V8X 2Y4 Country CA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor. A petition has been filed for this unsigned inventor. A petition has been filed for this unsigned inventor.	Name											
Address City Country Telephone Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and believed to be true; and further that these statements were made with the knowledge hat willful false statements and the like or made are purishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements and the like or walldry of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) David Family Name or Surname Wiebe CA Citizenship Mailing Address State CA Citizenship Mailing Address City Victoria, B.C. State ZIP V8X 2Y4 Country CA Country CA NAME OF SECOND INVENTOR: Given Name Phillip Family Name Smith					Name							
Country Telephone Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and beliate and believed to be true; and further that these statements were made with the knowledge that willful false statements and the like a validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Inventor's Signature Philip A petition has been filed for this unsigned inventor. State ZIP Fax ZIP Fax Lip A petition has been filed for this unsigned inventor. Family Name Wiebe CA CA Citizenship CA CA Citizenship CA CA CItizenship CA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor. A petition has been filed for this unsigned inventor. Bate ZIP V8X 2Y4 Country CA	Address											
Country Telephone Te	Address											
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and beliare believed to be true; and further that these statements were made with the knowledge that willful false statements and the like is made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Inventor's Signature Victoria, B.C. State CA Country Mailing Address City Victoria, B.C. State ZIP V8X 2Y4 Country CA NAME OF SECOND INVENTOR: Given Name Philip Family Name A petition has been filed for this unsigned inventor. A petition has been filed for this unsigned inventor. A petition has been filed for this unsigned inventor. CA City Victoria, B.C. State ZIP V8X 2Y4 Country CA NAME OF SECOND INVENTOR: Given Name Philip Family Name Smith	City		•		State		ZIP .					
are believed to be true; and further that these statements were made with the knowledge that willing labe statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Inventor's Signature Date Victoria, B.C. Residence: City Mailling Address City Victoria, B.C. State Date Victoria, B.C. State Date Victoria, B.C. State Date Victoria, B.C. A petition has been filed for this unsigned inventor. CA Country Citizenship A petition has been filed for this unsigned inventor. CA Citizenship A petition has been filed for this unsigned inventor. CA Country CA NAME OF SECOND INVENTOR: Given Name Phillip Family Name Smith	Country	Т	elephon	9			Fax					
Given Name (first and middle [if any]) Inventor's Signature Date Victoria, B.C. Residence: City Mailing Address City Victoria, B.C. State Date CA Country Mailing Address City Victoria, B.C. State Date CA Country Citizenship CA Country Citizenship A petition has been filed for this unsigned inventors Given Name Philip Family Name Wiebe Wiebe Wiebe CA CA CA CA CA CA CA CA CA C	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Inventor's Signature Date Residence: City Victoria, B.C. State CA Country Citizenship Mailing Address Mailing Address City Victoria, B.C. State ZIP V8X 2Y4 Country NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventors. Given Name Philip Family Name Smith	NAME OF SOLE OR FIRST	NVENTOR:			A petition	on has been fil	ed for this unsigned invento					
Signature Date Victoria, B.C. State CA Country Citizenship Mailing Address 886 Leslie Drive Mailing Address City Victoria, B.C. State ZIP V8X 2Y4 Country NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventors. Given Name Philip Family Name Smith		David	3				Wiebe					
Residence: City Mailing Address Mailing Address City Victoria, B.C. State ZIP V8X 2Y4 Country NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventors. Given Name Philip Family Name Smith	•	-					Date					
Mailing Address Mailing Address City Victoria, B.C. State ZIP V8X 2Y4 Country CA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventors. Given Name Philip Family Name Smith	Vict Residence: City	oria, B.C.	. .	State								
Mailing Address City Victoria, B.C. State ZIP V8X 2Y4 Country CA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventors. Given Name Philip Family Name Smith	886 Leslie Drive											
City Victoria, B.C. State ZIP V8X 2Y4 Country CA NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor CA Given Name Philip Family Name Smith												
Given Name Philip Family Name Smith	City Victoria, B.C.	State			ZIP	V8X 2Y4	CA					
		Philip					Smith					
Inventor's Signature Date												
Victoria, B.C. Residence: City CA Country Citizenship	Vic	oria, B.C.		State		٠, ٠						
Mailing Address 2438 Dunley Street												
Mailing Address												
Intaling Address	Victoria B.C.	State			ZIP	V8R 5Y9	Country CA					
City Victoria, B.C. State 7IP V8R 5Y9 Country CA	Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.											
City Victoria, B.C. State ZIP V8R 5Y9 Country CA												

→ [±]

PTO/SB/02A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of ____

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor				
Given Name Lawrence			Family Name Johnson or Surname					
Inventor's Signature				Date				
Residence: City Delta, B.C. State			Cc	ountry CA		CA Citizenship		
Mailing Address 11080 Bond Boulevard								
Mailing Address								
City Delta, B.C.	Sta	te	z	IP V4E 1M7	Count	ry CA		
Name of Additional Joint Inventor, if an	y:			A petition has been file	ed for th	is unsigned inventor		
Given Family Name Name or Surname								
Inventor's Signature Date								
Residence: City State		ate	С	Country		Citizenship		
Mailing Address								
Mailing Address								
City State		ate		ZIP Country		ry		
Name of Additional Joint Inventor, if any:								
				Family Name or Surname				
Inventor's Signature Date								
esidence: City State		te		Country		Citizenship		
Mailing Address								
Mailing Address								
City	Stat	:e		ZIP	c	ountry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.